

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000093571

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1. Corporation Name

CRYSTAL DREAMS, INC.

Principal Place of Business

Mailing Address

1426 -B SKEES RD.
WEST PALM BCH FL 33411

1426 -B SKEES RD.
WEST PALM BCH FL 33411



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0722418

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	BAECHLER, GUIDO	6901 W OKEECHOBEE BLVD 2864 White trout Lane	WEST PALM BCH FL 33411

600004721166--3
-12/12/01--01077--011
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAECHLER, GUIDO

~~6901 W OKEECHOBEE BLVD~~ 2864 White trout Ln.
WEST PALM BCH FL 33411

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

10/16/01

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/01 561-471-5533

2 of 2



FACSIMILE TRANSMITTAL SHEET

TO: FROM: Guido Baechler
COMPANY: DATE: 10/16/2001
Dept. of Corporations
FAX NUMBER: TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: SENDER'S REFERENCE NUMBER:
RE: YOUR REFERENCE NUMBER: 561-687-0226
Filing

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

To Whom It May Concern:

We have received a red-labeled notice of dissolution. We kindly ask you to investigate this matter, because we have filed the Annual Report (like every year) on a timely matter. We paid the \$150 according to our records. If you don't have the payment, filing and information needed, please call us immediately at (561) 471-5533 and we'll pay you again.

Maybe you can find the missing pieces to the puzzle

Sincerely yours,

Guido Baechler